

deactivate

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM 2012 DEC -5 PM 12:43 RCRA PROGRAMS BRANCH		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup <u>in one or more months</u> of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number <u>N Y D 9 8 6 9 9 7 6 2 5</u>		
3. Site Name	Name: Northrop Grumman Systems Corporation		
4. Site Location Information	Street Address: 65 Marcus Drive City, Town, or Village: Melville County: Suffolk State: New York Country: USA Zip Code: 11747		
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. <u>3 3 4 5 1 1</u> C. <u> </u> B. <u> </u> D. <u> </u>		
7. Site Mailing Address	Street or P.O. Box: PO Box 1693 MS 1401 City, Town, or Village: Baltimore State: MD Country: USA Zip Code: 21203		
8. Site Contact Person	First Name: Adam MI: E Last: Saylor Title: Senior Environmental Engineer Street or P.O. Box: PO Box 1693 MS 1401 City, Town or Village: Baltimore State: MD Country: USA Zip Code: 21203 Email: adam.saylor@ngc.com Phone: 410-993-7080 Ext.: Fax: 410-981-1946		
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: Rechler Equity B-2, LLC Date Became Owner: 09/13/1996 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: 85 South Service Road City, Town, or Village: Plainview Phone: 703-280-2900 State: NY Country: USA Zip Code: 11803 B. Name of Site's Operator: Northrop Grumman Systems Corporation Date Became Operator: 11/01/1997 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☐ N ☒**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; **or** Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; **or** Generates, in any calendar month, **or** accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☒

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☒**5. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**6. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒**7. Recycler of Hazardous Waste**Y ☐ N ☒**8. Exempt Boiler and/or Industrial Furnace**

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**9. Underground Injection Control**Y ☐ N ☒**10. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter**

If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**

If "Yes", mark all that apply.

- ☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

12. Notification of Hazardous Secondary Material (HSM) Activity


Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

As of November 30, 2012, operations at the Northrop Grumman Systems Corporation facility, located at 65 Marcus Drive in Melville, New York, ceased. Northrop Grumman Systems Corporation is no longer a hazardous waste generator at this location.

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Jay Tolle	11/30/12

NORTHROP GRUMMAN

2012 DEC -5 PM 12:43

RCRA PROGRAMS
BRANCH

Electronic Systems
Post Office Box 1693, MS 1401
Baltimore, MD 21203

November 30, 2012

US Environmental Protection Agency
Region 2
RCRA Program Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

RE: Facility Closure Notification
EPA ID Number NYD986997625
Northrop Grumman Systems Corporation – Melville, NY

Dear Sir/Madam:

As of November 30, 2012, operations at the Northrop Grumman Systems Corporation facility located at 65 Marcus Drive in Melville, New York with EPA ID Number NYD986997625 ceased. Northrop Grumman Systems Corporation is no longer a hazardous waste generator at this location. A subsequent notification of the RCRA Subtitle C Site Identification Form is enclosed for this facility.

Any future correspondence regarding this facility may be directed to my attention at the address listed above. Should you have any questions, feel free to contact me on (410) 993-7080.

Sincerely,



Adam Saylor
Sr. Environmental Engineer

cc: Jay Tolle (Northrop Grumman)

Enclosure
Certified Mail # 70113500000022540776



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

12/17/2004

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:	NYD986997625
INSTALLATION NAME:	NORTHROP GRUMMAN NORDEN SYSTEMS
INSTALLATION ADDRESS :	65 MARCUS DR MELVILLE, NY 11747
MAILING ADDRESS :	65 MARCUS DR MELVILLE, NY 11747

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: NORTHROP GRUMMAN NORDEN SYSTEMS
or Current Occupant**
**ATTN: RAY COOKE
65 MARCUS DR
MELVILLE, NY 11747**

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM			ENVIRONMENTAL PROTECTION AGENCY, REGION II 2004 DEC 14 AM 11:05 RCRA PROGRAMS BRANCH												
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report															
2. Site EPA ID Number (page 14)	EPA ID Number N Y D 9 8 6 9 9 7 6 2 5															
3. Site Name (page 14)	Name: Northrop Grumman Norden Systems															
4. Site Location Information (page 14)	Street Address: 65 Marcus Dr. City, Town, or Village: Melville State: New York County Name: Suffolk Zip Code: 11747															
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other															
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	<table border="1"> <tr> <td data-bbox="407 1121 915 1220"> A. 334511 </td> <td data-bbox="920 1121 1505 1220"> B. </td> </tr> <tr> <td data-bbox="407 1226 915 1325"> C. </td> <td data-bbox="920 1226 1505 1325"> D. </td> </tr> </table>				A. 334511	B.	C.	D.								
A. 334511	B.															
C.	D.															
7. Site Mailing Address (page 15) Same as Item #4	Street or P. O. Box: City, Town, or Village: State: Country: Zip Code:															
8. Site Contact Person (page 15)	<table border="1"> <tr> <td data-bbox="407 1541 915 1604"> First Name: Ray </td> <td data-bbox="920 1541 1040 1604"> MI: </td> <td data-bbox="1045 1541 1505 1604"> Last Name: Cooke </td> </tr> <tr> <td colspan="2" data-bbox="407 1610 1040 1661"> Phone Number: (631) 719-4694 Extension: </td> <td data-bbox="1045 1610 1505 1661"> Email address: ray.cooke@ngc.com </td> </tr> </table>				First Name: Ray	MI:	Last Name: Cooke	Phone Number: (631) 719-4694 Extension:		Email address: ray.cooke@ngc.com						
First Name: Ray	MI:	Last Name: Cooke														
Phone Number: (631) 719-4694 Extension:		Email address: ray.cooke@ngc.com														
9. Operator and Legal Owner of the Site (pages 15 and 16)	<table border="1"> <tr> <td colspan="2" data-bbox="407 1667 1040 1745"> A. Name of Site's Operator: Northrop Grumman Systems Corp. </td> <td data-bbox="1045 1667 1505 1745"> Date Became Operator (mm/dd/yyyy): 11/01/1997 </td> </tr> <tr> <td colspan="3" data-bbox="407 1751 1505 1814"> Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other </td> </tr> <tr> <td colspan="2" data-bbox="407 1820 1040 1898"> B. Name of Site's Legal Owner: Rechler Equity Partners </td> <td data-bbox="1045 1820 1505 1898"> Date Became Owner (mm/dd/yyyy): 09/13/1996 </td> </tr> <tr> <td colspan="3" data-bbox="407 1904 1505 1967"> Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other </td> </tr> </table>				A. Name of Site's Operator: Northrop Grumman Systems Corp.		Date Became Operator (mm/dd/yyyy): 11/01/1997	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			B. Name of Site's Legal Owner: Rechler Equity Partners		Date Became Owner (mm/dd/yyyy): 09/13/1996	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
A. Name of Site's Operator: Northrop Grumman Systems Corp.		Date Became Operator (mm/dd/yyyy): 11/01/1997														
Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other																
B. Name of Site's Legal Owner: Rechler Equity Partners		Date Became Owner (mm/dd/yyyy): 09/13/1996														
Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other																

9. Legal Owner (Continued) Address	Street or P. O. Box: 225 Broad Hollow Rd.	
	City, Town, or Village: Melville	
	State: New York	
	Country: USA	Zip Code: 11747

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 16 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ 2. Transporter of Hazardous WasteY ☐ N ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note:
A hazardous waste permit is required for
this activity.Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your
site)Y ☐ N ☒ 5. Exempt Boiler and/or Industrial
Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining
Furnace ExemptionY ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
waste generated and/or accumulated at your site. If "Yes",
mark all boxes that apply:

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter

If "Yes", mark each that applies.

☐ a. Transporter☐ b. Transfer FacilityY ☐ N ☒ 2. Used Oil Processor and/or Re-refiner

If "Yes", mark each that applies.

☐ a. Processor☐ b. Re-refinerY ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 20.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D006	D007	D008	D009	D010
D011	D035	F001	F002	F003	F005	

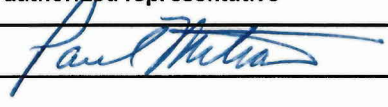
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 20.)

Additional Waste streams added: F001, F005, D006, D010, D035

Owners Name Change of Leased Property: Reckson Operating Partnership, to
Rechler Equity Partners

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 20.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Paul Mitrani, Manager, Business Management LIO	12/09/2004



2004 DEC 14 AM 11:05

Northrop Grumman Corporation
Electronic Systems
Norden Systems
65 Marcus Drive
Melville, New York 11747-4232
Tel: 631-719-4600
FAX: 631-719-4601

December 9, 2004

Mr. Jack Hoyt
U.S. Environmental Protection Agency
Region II
290 Broadway, 22nd Floor
New York, NY 10007-1866

RE: Subsequent Notification of Regulated Activity; EPA ID Number NYD986997625

Dear Mr. Hoyt:

Enclosed please find the Subsequent Notification of Regulated Waste Activity, EPA Form 8700-12, for the property located at 65 Marcus Drive in Melville, New York. This is to notify you of two items. First, Northrop Grumman Norden Systems will be generating additional waste streams. Second, there has been a name change to the Site's Legal Owner. Please see "Comments" section of "Form 8700-12" for details.

Correspondence concerning this matter should be addressed to:

Doug Purinton
Northrop Grumman Norden Systems
65 Marcus Dr.
Melville, N.Y. 11747

If you should have any questions or require additional information, please feel free to call me on (631) 719-4789. Thank you for your attention to this matter.

A handwritten signature in black ink, appearing to read "Doug Purinton", written over a horizontal line.

Douglas Purinton
Facilities Administration

NORTHROP GRUMMAN

Electronic Sensors and Systems Sector
Northrop Grumman Corporation
Post Office Box 17319
Baltimore, Maryland 21203

May 2, 2001

Mr. Jack Hoyt
U.S. Environmental Protection Agency
Region II
290 Broadway
22nd Floor
New York, NY 10007-1866

8700
FORM
SENT

U.S. EPA
REGION II
MAY 15 PM 1:54
PROGRAMS BRANCH

Re: Corporate Name Change

Dear Mr. Hoyt:

Please be advised that on April 2, 2001, Northrop Grumman Corporation changed its name to Northrop Grumman Systems Corporation and became a wholly owned subsidiary of a holding company known as Northrop Grumman Corporation. Northrop Grumman Systems Corporation will continue to hold all assets and liabilities presently held, and all information regarding the facility and its points of contact will remain unchanged. This name change will not result in a change in the facility's operations, and we will continue to comply with all current requirements and/or conditions. The following is the affected facility and its EPA Identification number:

Northrop Grumman Norden Systems – NYD986997625

Thank you for your attention to this matter. If you have any questions or need further information, please feel free to call me at (410) 765-8832.

Very truly yours,



Kip Keenan, Manager
Environmental Resources ES³

cc: Ray Cooke Northrop Grumman
 Dick Grieves Northrop Grumman

CERT/RR: 7000 1670 0005 4527 6327



ACKNOWLEDGEMENT OF NOTIFICATION OF
HAZARDOUS WASTE ACTIVITY

11/10/97

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER →	NYD986997625
INSTALLATION NAME →	NORTHROP GRUMMAN NORDEN SYSTEMS INC
INSTALLATION ADDRESS →	65 MARCUS DR MELVILLE, NY 11747-4232
MAILING ADDRESS →	65 MARCUS DR MELVILLE, NY 11747-4232

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY, 22nd Floor
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH

TO: COOKE, RAY
ENVIRON COORD
65 MARCUS DR
MELVILLE, NY 11747-4232

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).		EPA		Notification of Regulated Waste Activity		Date Received (For Official Use Only) AGENCY RO II 98 AUG 17 PM 4:23	
United States Environmental Protection Agency							
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)				HAZARDOUS & SOLID WASTE PROGRAMS BRANCH			
<input type="checkbox"/> A. First Notification		<input checked="" type="checkbox"/> B. Subsequent Notification (Complete item C)		C. Installation's EPA ID Number			
				NYD986997625			
II. Name of Installation (Include company and specific site name)							
Northrop Grumman Norden Systems, Inc.							
III. Location of Installation (Physical address not P.O. Box or Route Number)							
Street							
65 Marcus Drive							
Street (Continued)							
City or Town		State		Zip Code			
Melville		NY		11747-4232			
County Code	County Name						
	Suffolk						
IV. Installation Mailing Address (See Instructions)							
Street or P.O. Box							
Same							
City or Town		State		Zip Code			
V. Installation Contact (Person to be contacted regarding waste activities at site)							
Name (Last)		(First)					
Cooke		Ray					
Job Title		Phone Number (Area Code and Number)					
Environmental Coordinator		(516) 719-4600					
VI. Installation Contact Address (See Instructions)							
A. Contract Address Location Mailing Other		B. Street or P.O. Box					
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
City or Town		State		Zip Code			
VII. Ownership (See Instructions)							
A. Name of Installation's Legal Owner							
Reckson Operating Partnership, L.P.							
Street, P.O. Box, or Route Number							
225 Broadhollow Road Suite 212 West							
City or Town		State		Zip Code			
Melville		NY		11747			
Phone Number (Area Code and Number)		B. Land Type	C. Owner Type	D. Change of Owner Indicator		(Date Changed) Month Day Year	
(516) 694-6900		<input type="checkbox"/> P	<input type="checkbox"/> P	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)
☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
☐ 4. Hazardous Waste Fuel
a. Generator Marketing to Burner
b. Other Marketers
c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒ D007 D008 D009 D011

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F002	F003				
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed



P.H. Keenan, Jr.; Mgr. Env. Res.

08/10/98

XI. Comments

Leased facility. Two (2) new wastestreams will be generated D011, F003.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

U.S. EPA
AGENCY RO II

98 AUG 17 PM 4:23

NORTHROP GRUMMAN

HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH

Electronic Sensors and Systems Division

Northrop Grumman Corporation

Post Office Box 746

Baltimore, Maryland 21203

August 13, 1998

Mr. Jack Hoyt
U.S. Environmental Protection Agency
Region II
290 Broadway, 22nd Floor
New York, NY 10007-1866

RE: Subsequent Notification of Regulated Waste Activity; EPA ID Number NYD986997625

Dear Mr. Hoyt:

Enclosed please find the Subsequent Notification of Regulated Waste Activity, EPA Form 8700-12, for the property located at 65 Marcus Drive in Melville, New York. Northrop Grumman Norden Systems, Inc. has been performing research and development activities at this location and generating regulated waste since November 1, 1997. The installation will be generating two additional hazardous wastestreams, D011 and F003.

Correspondence concerning this matter should be addressed to:

Ms. Donna Kreis
Northrop Grumman - ESSD
P.O. Box 17319; MS A270
Baltimore, MD 21203
(410) 765-7610

If you should have any questions or require additional information please feel free to call me on (410) 993-6860. Thank you very much for your attention to this matter.

Very truly yours,

Theresa M. Benzing

Theresa M. Benzing, P.E.
Senior Environmental Engineer

Encl.

CERT/RR #P 158 752 518

cc: Kip Keenan

MS A270





ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/10/97

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD986997625

FACILITY NAME -> NORTHROP GRUMMAN NORDEN SYSTEMS INC

MAILING ADDRESS -> 65 MARCUS DR
MELVILLE, NY 11747-4232

INSTALLATION ADDRESS -> 65 MARCUS DR
MELVILLE, NY 11747-4232

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: NARCISSE, JOHN
ENVIRON COORD
NORTHROP GRUMMAN NORDEN SYSTEMS INC
65 MARCUS DR
MELVILLE, NY 11747-4232

Change (Owner)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

U.S. EPA
Form Approved, OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification ☐ B. Subsequent Notification (Complete item C)

C. Installation's EPA ID Number

NYD 986 997 625

II. Name of Installation (Include company and specific site name)

Northrop Grumman Norden Systems, Inc.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

65 Marcus Drive

Street (Continued)

City or Town

Melville

State

NY

Zip Code

11747-4232

County Code

County Name

Suffolk

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

Same

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

Narcisse

John

Job Title

Phone Number (Area Code and Number)

Environmental Coordinator

(516) 719-4600

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

☒ ☐ ☐

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Reckson Operating Partnership, L.P.

Street, P.O. Box, or Route Number

225 Broadhollow Road Suite 212 West

City or Town

Melville

State

NY

Zip Code

11747

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

(516) 694-6900

P

P

Yes

X

No

09

13

96

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
 Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☒ ☒ ☐ ☒ D007 D008 D009

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F002					
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

P.H. Keenan, Jr.; Mgr. Env. Res.

Date Signed

10/27/97

XI. Comments

Leased facility.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

NORTHROP GRUMMAN

U.S. EPA
AGENCY RO II

87 OCT 31 AM 11:52
Electronic Sensors and Systems Division
Northrop Grumman Corporation
Post Office Box 17319
Baltimore, Maryland 21203

October 27, 1997

Mr. Jack Hoyt
U.S. Environmental Protection Agency
Region II
290 Broadway, 22nd Floor
New York, NY 10007-1866

RE: Notification of Regulated Waste Activity

Dear Mr. Hoyt:

Enclosed please find the Notification of Regulated Waste Activity, EPA Form 8700-12, for the property located at 65 Marcus Drive in Melville, New York. Northrop Grumman Norden Systems, Inc. is moving their research and development activities to this location and will begin generating regulated waste on November 1, 1997. Norden Systems, Inc. is terminating the lease of the facility located at 75 Maxess Road in Melville, New York, on November 1, 1997 and will no longer be generating regulated waste at this facility. Therefore, EPA ID No. NYD091451302 will need to be deactivated.

Correspondence concerning this matter should be addressed to:

Ms. Theresa M. Benzing, P.E.
Northrop Grumman - ESSD
P.O. Box 17319; MS A270
Baltimore, MD 21203
(410) 993-6860

If you should have any questions or require additional information please feel free to call me on (410) 993-6860. Thank you very much for your attention to this matter.

Very truly yours,

Theresa M. Benzing

Theresa M. Benzing, P.E.
Senior Environmental Engineer

Encl.
CERT/RR #P 514 761 170

cc: Kip Keenan

MS A270



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/10/94

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD986997625

FACILITY NAME -> RAYTHEON CO ESD-LONG ISLAND

MAILING ADDRESS -> 144 CHURCH ST APT 1-A
KINGS PARK, NY 11754

INSTALLATION ADDRESS -> 65 MARCUS DR
MELVILLE, NY 11747

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: HOMEYER, GREGG
PLANT ENGR
RAYTHEON CO ESD-LONG ISLAND
65 MARCUS DR
MELVILLE, NY 11747



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/14/94

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD986997625

FACILITY NAME -> RAYTHEON CO ESD-LONG ISLAND

MAILING ADDRESS -> 144 CHURCH ST APT 1-A
KINGS PARK, NY 11754

INSTALLATION ADDRESS -> 65 MARCUS DR
MELVILLE, NY 11747

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: HOMEYER, GREGG
PLANT ENGR
RAYTHEON CO ESD-LONG ISLAND
144 CHURCH ST APT 1-A
KINGS PARK, NY 11754

Airborne Exp

U.S. EPA
AGENCY REPORT
GSA No. C248-EPA-CT

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of
Regulated Waste
Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH

I. Installation's EPA ID Number (Mark "X" in the appropriate box)



A. First Notification



B. Subsequent Notification

(complete item C)

C. Installation's EPA ID Number

NYD980773162

II. Name of Installation (Include company and specific site name)

RAYTHEON COMPANY ESD - LE

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

65 MARCUS DRIVE

Street (continued)

City or Town

MELVILLE

State

ZIP Code

NY 11747-

County Code County Name

SUFFOLK

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

144 CHURCH STREET APT. 1-A

City or Town

KINGS PARK

State

ZIP Code

NY 11754-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

HOMER

(first)

GREGG

Job Title

PLANT ENGINEER

Phone Number (area code and number)

516-694-7440

EXT.

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing

☒

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

RAYTHEON COMPANY CORP. REAL ESTATE

Street, P.O. Box, or Route Number

141 SPRING STREET

City or Town

LEXINGTON

State

ZIP Code

MA 02173

Phone Number (area code and number)

617-862-6600

B. Land Type

C. Owner Type

D. Change of Owner

Indicator

Yes No

(Date Changed)

Month Day Year

Call Gregg Homer (516) 694-7440

ID - For Official Use Only									
1	2	3	4	5	6	7	8	9	0

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
1. Generator (See Instructions)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel	<input type="checkbox"/> a. Generator Marketing to Burner
<input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)	<input type="checkbox"/> 4. Hazardous Waste Fuel	<input type="checkbox"/> b. Other Marketer	<input type="checkbox"/> b. Burner - Indicate device(s) Type of Combustion Device
<input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> 1. Utility Boiler	<input type="checkbox"/> 2. Industrial Boiler
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> b. Other Marketers	<input type="checkbox"/> 3. Industrial Furnace	
2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/> c. Boiler and/or Industrial Furnace	<input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> 1. Smelter Refractory		
<input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> 2. Small Quantity Exemption		
Mode of Transportation	Indicate Type of Combustion Device(s)		
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 1. Utility Boiler		
<input type="checkbox"/> 2. Rail	<input type="checkbox"/> 2. Industrial Boiler		
<input type="checkbox"/> 3. Highway	<input type="checkbox"/> 3. Industrial Furnace		
<input type="checkbox"/> 4. Water			
<input type="checkbox"/> 5. Other - specify	<input type="checkbox"/> 5. Underground Injection Control		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Use specific EPA hazardous waste number(s) for the Toxicity Characteristic container(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F003	2 U213	3 N001	4 D001	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1 N894	2 MA01	3 N001	4 MA99	5 X001	6
-----------	-----------	-----------	-----------	-----------	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature GENERATOR <i>Gregg Homeyer</i>	Name and Official Title (type or print) GREGG HOMEYER PLANT ENGINEER	Date Signed 10-2-94
----------------------------------------------------	--------------------------------------------------------------------------------	-------------------------------

XI. Comments

COMPANY CLOSED 3/20/92 OLD ID# NYD980773162. A NEW ID IS REQUESTED FOR AN ABOVE GROUND STORAGE TANK, DECONTAMINATION AND REMOVAL.



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/20/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NYD986997625

FACILITY NAME ->

RAYTHEON ESD - LONG ISLAND

MAILING ADDRESS ->

65 MARCUS DR
MELVILLE, NY 11747

INSTALLATION ADDRESS ->

65 MARCUS DR
MELVILLE, NY 11747

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: SCHENEEKLOTH, PETER
ENV MGR
RAYTHEON ESD - LONG ISLAND
6380 HOLLISTER AVE
GOLETA, CA 93117

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

4-7-92

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NY 1986997025

II. Name of Installation (Include company and specific site name)

RAYTHEON ESD-LONG ISLAND

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

65 MARCUS DRIVE

Street (continued)

City or Town

MELVILLE

State

ZIP Code

NY

11747-

County Code

County Name

SUF SUFFOLK

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

SCHNEEKLOTH

PETER

Job Title

Phone Number (area code and number)

ENV. MANAGER

805-967-5511

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

6380 HOLLISTER AVENUE

City or Town

State

ZIP Code

GOLETA

CA

93117-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

RAYTHEON COMPANY

Street, P.O. Box, or Route Number

141 SPRING STREET

City or Town

State

ZIP Code

LEXINGTON

MA

02173-

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

617-860-2496

P

P

Yes

No

X

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity	B. Used Oil Fuel Activities
<p>1. Generator (See Instructions)</p> <p><input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify </p>	<p>3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>
	<p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p>

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; padding: 2px;">D 0 0 8</div> <div style="border: 1px solid black; padding: 2px;">D 0 0 9</div> <div style="border: 1px solid black; padding: 2px;">D 0 3 5</div> <div style="border: 1px solid black; padding: 2px;">D 0 1 1</div> </div>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 2	F 0 0 3	F 0 0 5	U 1 2 2		
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
M A 9 9	M A 0 1				

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature	Name and Official Title (type or print) Neil W. Hansen, Asst Gen'l Mgr	Date Signed 3/31/92
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)